Global strategy to accelerate the elimination of cervical cancer as a public health problem





"Through cost-effective, evidence-based interventions, including human papillomavirus vaccination of girls, screening and treatment of precancerous lesions, and improving access to diagnosis and treatment of invasive cancers, we can eliminate cervical cancer as a public health problem and make it a disease of the past."

> Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization

Cover image credits: Millicent Kagonga, survivor and advocate for cervical cancer elimination, with her daughter Grace. WHO/Ash Appleton.

Global strategy to accelerate the elimination of cervical cancer as a public health problem

ISBN 978-92-4-001410-7 (electronic version) ISBN 978-92-4-001411-4 (print version)

© World Health Organization 2020

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <u>https://creativecommons.org/licenses/by-nc-sa/3.0/igo</u>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition."

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<u>http://www.wipo.int/amc/en/mediation/rules/</u>).

Suggested citation

Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: World Health Organization; 2020. Licence: <u>CC BY-NC-SA 3.0 IGO</u>.

Cataloguing-in-Publication (CIP) data

CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing

To purchase WHO publications, see <u>http://apps.who.int/bookorders</u>. To submit requests for commercial use and queries on rights and licensing, see <u>http://www.who.int/about/licensing</u>.

Third-party materials

If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

In their own words

My daughter is young — she is a teenager — and yet she had to look after me, dressing my wounds, which had broken through my skin. For a long time I had to put up with pains which went through my whole body, especially in my back and my lower body areas. We had no morphine at home and so I was in a terrible state. ... I grew up in a poor family and we didn't have information about HIV and cancer. ... Often it is too late when people go to the doctor and most people don't even know the signs. If I had the chance, I would love to be part of a campaign to tell people about [it]. ... The clinics need to help us be more aware of these, especially about cervical cancer — we need more testing.

Ubuhle, who worked in a dairy as the main breadwinner for her family when she was laid off due to the severity of her cervical cancer symptoms (South Africa).¹

I was snatched from the beginning of my career ... and tossed into a battle for my life ... diagnosed with stage IV-A cervical cancer. ... [A] flood of questions rushed forward - how could this be? The cervical cancer spread to my bladder? To the lower lymph nodes? And possibly to my ovaries? I likely would not be able to conceive and/or carry a child? And probably enter menopause as a 31-year-old? I felt betrayed by my body. ... I came across an article with this startling statement: "Cervical cancer has become a disease of the poor, uneducated minority." Excuse me? As a Latina, those three bold words seemed to lift off the screen and morph into a finger pointed at me. But ... data out there that lends itself to the heartbreaking finding that black women ... and Latinas suffer from the highest incidence rate ... this was and remains one of the many hard truths that I have confronted since my diagnosis and I will continue to shine a light on as an advocate.

Jeanette, a cervical cancer advocate and law clerk, passed away one year after her diagnosis (United States of America). My stomach started bloating. ... When walking I felt like I would fall any moment. My legs would ache, it was unbearable. ... I went to the hospital. They scanned and said that there were three small fibroids. I did not do anything about it. My life was a mess, my husband was having a relationship with another woman. ... I went to live with my parents. My brother's sons took my scan report to [the hospital]. ... They said that I had cervical cancer. But they said that the condition was advanced and that they could not operate on me. We consulted many other places, and everyone said the same. ... Finally, a lady doctor ... said that I was a risky case but since I was so firm in my decision to have a surgery for uterus removal, she would do it. ... I had lost everything in my life – my marriage, my job. I lost all my hair and would not feel like going out in public. One day ... a nurse ... took me to a counselling centre. ... I learnt to hold on to the positive things in my life. ... I started doing business – bought and sold rice, made good money. ... I feel well, life goes on.

Anonymous cervical cancer survivor, whose husband remarried when she was unable to have children. Today she is a landowner who supports herself as a rural entrepreneur (India).²

I started suffering from aches, mainly in my ovary. ... With time the pain was becoming severe ... very severe ... almost unbearable. Until one night I woke up screaming as I was not able any more to endure the pain. ... I was diagnosed with cervical cancer [and] was informed that I had to undergo a hysterectomy and remove the left ovary as well. ... I did recover physically from the operation but I am still under the shock that I will not ever be able to give birth to a child of my own. ... Can you imagine how painful it is to lose the hope to have your own child? ... I might have lost the hope to have a child of my own, but I still have hope that some day we will be able to prevent this from happening to other women.

Anonymous member of a regional support group for women living with HIV (Egypt).

¹Testimony provided by Hillcrest AIDS Centre Trust.

²Testimony provided by the Rural Women's Social Education Centre, Tamil Nadu, India. Translated from Tamil by T.K. Sundari Ravindran.

I developed a wound and that did not go. It became very painful. It was too late when I got treatment. My son is such a good boy. He would cook for me and try to care for me but it was too much for him. He is so caring, it breaks my heart. Now he is staying with his father who I don't have much contact with since I have been ill. ... The youth must learn about cancer as well as about HIV, and go to the clinics early to get tested. I didn't have this information.

Nonjabulo, who lived with HIV, battled cervical cancer at the age of 37. Her 16-year-old son was her sole caretaker until she was admitted to an NGO clinic for palliative care (South Africa).³

The doctor called me in earlier than the scheduled time. That turned out to be a bad sign. She told me that she had bad news. That I had cervical cancer. ... My daughter asked me to promise her that I would stay alive, but I told her that I couldn't. I didn't want to lie. ... When I went to the specialized hospital they told me after some tests that I could get surgery. I was really relieved and immediately called my kids. From that point on I felt positive. ... The radiation took a big toll on my bladder, intestines and stomach. It also causes an immediate menopause. ... The people around me forget easily that I was sick once. Which is normal of course; everybody needs to move on. But for a former cancer patient there is no real moving on. ... At the same time I'm of course very happy to still be alive. I'm enjoying my life more fully with my children and I'm very grateful for what I have.

Kim, a cancer survivor and patient advocate. She was diagnosed at the age of 39, a single mother of a 9-year-old son and a 13-year-old daughter (the Netherlands).

There was a lot of white vaginal discharge. There was also heavy bleeding – chunks of blood. This would go on for 15–20 days at a time and then stop. Come back again after 10 days. I was unable to go out for farm work or carry out household work. My hands and legs would feel weak and tremble. I went to Dr A in the local town. ... It cost me more than 5000 rupees. There was no change in my condition. Then the same doctor referred me to the medical college hospital. I went there. ... Nothing worked. ... I went with my son to the cancer hospital in Chennai. ... When I returned for the test results, they told me that it was the beginning stage of cervical cancer. ...

I got admitted. They gave me tablets, and also radiation treatment. ... I am doing good now, I can do housework and also do some work in our farm.

*"L", a cervical cancer survivor and mother of four from a rural farming family, whose travel for treatment took 3–4 hours each way (India).*⁴

I am a Kariyarra woman from the Pilbara region of Western Australia who was diagnosed and received treatment in Perth (Boorloo) which is Whadjuk Noongar land. I'm a mum, three kids, I'm a wife, I'm also a cancer survivor. I was like right, okay. ... What about my kids? I wasn't so much worrying about myself and what it might mean for me, but more so what it meant to my family and how it would affect them. Part of my treatment plan was that I would have 35 rounds of radiotherapy and four lots of brachytherapy. That whole time was such a blur, I don't think I've ever felt as tired in my life trying to not be emotional about that, thinking that I can't even buy food for my kids, was horrible, simple things that you take for granted that you do as a mum. ... I had my screening test and it saved my life.

Natasha, a cervical cancer survivor (Pilbara Region, Australia).

A series of events led to the loss of my husband and two children due to AIDS-related illnesses. Just when I thought I was done with the hurt and the pain, I was diagnosed with stage II cervical cancer. This was the beginning of a long, rough and many times uncertain journey. The sights and sounds of hospital rooms and corridors became commonplace, the agony of being stigmatized by those I thought I could depend on only added salt to my open wounds, I had reached the end of my tether! As a victor, my experience revealed that indeed, cervical cancer is curable. Though I remain with lifetime scars. ... I have to walk around with ... a colostomy bag that collects my stool.... I need two in a day and each costs between 600 and 1000 Kenyan shillings. ... Early diagnosis, easy access to treatment facilities and support groups for the many people struggling with this disease can be a reality. I am an advocate for cancer and my message to the world is NO WOMAN SHOULD DIE OF CERVICAL CANCER. LET US JOIN HANDS AND ELIMINATE IT!

Sally, a cervical cancer survivor, advocate, and self-described "global hero of hope" (Kenya).

³Testimony provided by Hillcrest AIDS Centre Trust.

⁴Testimony provided by the Rural Women's Social Education Centre, Tamil Nadu, India. Translated from Tamil by T.K. Sundari Ravindran.

Contents

For	eword	5
1.	Background: why is a global strategy needed?	7
2.	Context	10
3.	Global burden of cervical cancer: a manifestation of inequality	12
	3.I Cervical cancer incidence and mortality	12
	3.2 HPV and cervical cancer	13
	3.3 HIV and cervical cancer	13
4.	Cervical cancer control interventions: current status of access to HPV vaccines, screening and treatment	15
5.	The path to eliminating cervical cancer	19
	5.1 Principles and elimination goal	19
	5.2 Interim targets on the path towards elimination (90-70-90)	20
	5.3 Why the 90-70-90 targets are the key to success	20
	5.4 Impact of achieving the 2030 targets on incidence and mortality in high-burden countries	21
	5.5 Investment case for eliminating cervical cancer in high-burden countries.	23
6.	Strategic actions to achieve the 2030 targets	25
	6.1 Primary prevention: HPV vaccination	26
	6.2 Strategic actions to achieve 90% coverage of HPV vaccination	27
	6.3 Secondary prevention: screening and treating precancerous lesions	28
	6.4 Strategic actions to achieve 70% coverage for screening and 90% treatment of precancerous lesions	29
	6.5 Invasive cancer treatment and palliative care	30
	6.6 Strategic actions to achieve 90% treatment and care for cervical cancer cases	31
7.	Health system enablers	34
	7.1 Strengthening health system enablers	34
	7.2 Priority actions to strengthen health systems	35
8.	Partnerships, advocacy and communication	37
	8.1 Partnerships	37
	8.2 Multisectoral collaboration	37
	8.3 Advocacy and communication	38
9.	Surveillance, monitoring and evaluation	40
	9.1 Critical strategies for surveillance and monitoring	40
	9.2 Population-based surveillance	41
	9.3 Population-based cancer registries	41
	9.4 Vital registration	41
	9.5 Programme monitoring	42
	9.6 Strategic actions for monitoring and evaluation	42
	9.7 Accountability for impact	43
	9.8 Implementation	43
Ref	erences	44
An	Annex. Costing, financing and investment case	

Figures

Fig. I.	Estimated age-standardized cervical cancer incidence, 2018	12
Fig. 2.	Estimated age-standardized cervical cancer mortality, 2018	13
Fig. 3.	Percentage of countries with HPV vaccine in the national immunization schedule, by World Bank income group, 2020	15
Fig. 4.	Percentage of countries with a national cervical cancer screening programme, by World Bank income group, 2019	16
Fig. 5.	Percentage of countries with generally available cancer diagnosis and treatment services in the public sector, by World Bank income group, 2019	17
Fig. 6.	Age-standardized cervical cancer incidence rate in 78 low- and lower-middle-income countries in 2020, 2070 and 2100 after implementation of the elimination strategy	21
Fig. 7.	Cervical cancer incidence rate and cervical cancer case projections in 78 low- and lower-middle-income countries, 2020–2120, by elimination strategy and with status quo	. 22
Fig. 8.	Cervical cancer mortality (age-standardized) rate and cervical cancer death projections in 78 low- and lower-middle-income countries, 2020–2120, by elimination strategy and with status quo	. 22
Fig. 9.	Life-course approach to cervical cancer interventions	. 25
Fig. 10.	WHO's vision of the health system framework	.34
Fig. 11.	Surveillance and monitoring for the elimination initiative	.40
Fig. Al.	Breakdown of costs, 2019–2030 (total = US\$ 10.5 billion)	. 50
Fig. A2.	Total annual per capita needs to finance the elimination of cervical cancer, 2020–2030	51

Boxes

	Eliminating cervical cancer contributes to attainment of several Sustainable Development Goals	
	and targets	10
Box 2.	The 2030 targets towards elimination of cervical cancer	20

Foreword

The success of the drive to eliminate cervical cancer depends on political will, country-led action investments, and global solidarity, as well as sustainable and adaptable partnerships. Member States have committed themselves to the attainment of universal health coverage and the Sustainable Development Goals, leaving no one behind.

Eliminating cervical cancer as a public health problem is part of honouring this commitment and many others related to tackling inequities and upholding the right of women and adolescent girls to high quality, people-centered equitable health services.

Even though the COVID 19 pandemic has taken a heavy toll on health systems across the world, ensuring that women and adolescents continue to receive the health services they need, is a moral imperative.

We have the knowledge and the tools to stop women from suffering and dying from this preventable disease. The time is now for all Member States and development partners to rally behind this strategy to eliminate cervical cancer as a public health problem.

Together, we can make history – it is within our reach!

Elimination is within the reach of all countries.

We can all leave behind a great legacy if we seize the opportunities that are within our reach now, so that girls who are born today will live to see a world free of this disease.





Dr Tedros Adhanom Ghebreyesus

Director-General, World Health Organization

Dr Zsuzsanna Jakab

Deputy Director-General, World Health Organization

预览已结束, 完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5_24260

